PSJ3 Exhibit 92

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PER # 04050

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156

Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/Organization						Program:					
			Name:	Name:		American Geriatrics Society Attn: McEvoy Campbell				Scientific/Educationa Activity:	
	Address:			s:	The Empire State Building 350 Fifth Avenuc New York, NY 10118						
		Tax ID:			131950856					Location:	
		Coordi	Coordinator:								
				Name:		William J. Hall, MD					
				Title:		Course Director				Type:	
				Phone:		(212) 308-1414					
			Fax:	Fax:		(212) 832-8646					
	Chec to:				American	American Geriatrics Society, Inc.				Audience Size:	
	Notes:					CE agreement attached. Please send check to McEvoy Campbell at above address by May 17.				Composition:	
Expenses:	Hotel	:	Meals:	G	round:	Air:		Other:		Total:	
Estimated:											
Actual: Explanation:			J	1							
Payments:	ayments: Estimated		i: Actual:		al:	Pay Date	Pay Date:		Invoice #:		
Grant:					00.00						
		Total Pag	yments:	\$6,50	00.00	8					
Funding Source	es: Cha	arge Code:	20010-66210	0	Total 1	Funding: \$6,5	500.0	00			
Linda A. Kitlinski						Eileen M. Provost					
Jeffrey R. Black	Carol	Carol A. Ammon									